

GREATER THAN THREE INFANT MEAL RECORD* Birth through 3 months

Infant Name:	Birth Date:	Age:	_ Months
(Use one sheet per infant) Check: ☐Breast milk <i>or</i> ☐iron-fortified	d infant formula (brand:	(Check bel	/ow): r/⊡parent provided)
Circle item served and record amounts	offered.		
Indicate parent provided items with a *	next to item.		

Date	Breakfast	AM Snack	Lunch	PM Snack	Supper	Add Snack
	4 - 6 fluid oz					
	breast milk or					
	iron-fortified	iron-fortified	iron-fortified	iron-fortified	iron-fortified	iron-fortified
	infant formula					
		oz. IFIF/	oz. IFIF/		oz. IFIF/	
	breast milk	breast milk	breast milk		breast milk	breast milk
	oz. IFIF/		oz. IFIF/		oz. IFIF/	oz. IFIF/ breast milk
	breast milk	breast milk	breast milk		breast milk	
	oz. IFIF/		oz. IFIF/		oz. IFIF/	oz. IFIF/
	breast milk	breast milk	breast milk	breast milk		breast milk
	oz. IFIF/		oz. IFIF/		oz. IFIF/	oz. IFIF/
	breast milk	breast milk	breast milk	breast milk		breast milk
	oz. IFIF/		oz. IFIF/		oz. IFIF/	oz. IFIF/
	breast milk	breast milk	breast milk	breast milk		breast milk
	oz. IFIF/		oz. IFIF/		oz. IFIF/	oz. IFIF/
	breast milk	breast milk	breast milk	breast milk		breast milk
	oz. IFIF/		oz. IFIF/		oz. IFIF/	oz. IFIF/
	breast milk	breast milk	breast milk	breast milk		breast milk
	oz. IFIF/	oz. IFIF/	oz. IFIF/		oz. IFIF/	oz. IFIF/
	breast milk	breast milk	breast milk		breast milk	breast milk
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	breast milk	breast milk	breast milk		breast milk	breast milk
	oz. IFIF/					
	breast milk	breast milk	breast milk		breast milk	breast milk
	oz. IFIF/					
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	breast milk				breast milk	breast milk
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	breast milk	breast milk			breast milk	breast milk
		oz. IFIF/				
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	oz. IFIF/ breast milk	oz. IFIF/ breast milk	breast milk	oz. IFIF/ breast milk	oz. IFIF/ breast milk	oz. IFIF/ breast milk
	oz. IFIF/					
	breast milk					
Meal						
Totals						
	i e	i e	1	1	1	1

^{*} A maximum of two meals and one snack <u>OR</u> two snacks and one meal may be claimed per infant per day.

For birth to three months, meals and snacks of breast milk or IFIF may be claimed, regardless of who supplies the formula. If a mother comes to the child care center and breast feeds her infant, these meals cannot be claimed for reimbursement because the center has not incurred a cost or has not rendered a "service."



GREATER THAN THREE INFANT MEAL RECORD* 4 through 7 months

Infant Name: (Use one sheet per infant)	Birth Date:	Age:	Months
Check: ☐Breast milk <i>or</i> ☐iron-fortified infant	formula (brand:	(Check be	low): □parent provided)
Check or circle items served, and record amou Indicate parent provided items with a * next to		ered.	

**All foods must be offered to be considered a reimbursable meal/snack. Items listed under 'When developmentally ready' must be offered once the infant is developmentally ready to consume these foods.

***When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement.

	component for each meal/snack in order to be claimed for reimbursement.						
Date							
Date	4 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) When developmentally ready: 0-3 Tbsp. iron-fortified infant cereal (IFIC)	4 - 6 fluid oz breast milk or iron-fortified infant formula (IFIF)	4 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) When developmentally ready: 0-3 Tbsp. iron-fortified infant cereal (IFIC) 0-3 Tbsp. fruit/vegetable	4 - 6 fluid oz breast milk or iron-fortified infant formula (IFIF)	Supper 4 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) When developmentally ready: 0-3 Tbsp. iron-fortified infant cereal (IFIC) 0-3 Tbsp. fruit/vegetable	Add Snack 4 - 6 fluid oz breast milk or iron-fortified infant formula (IFIF)	
	oz. IFIF/breast milk	oz. ☐ IFIF ☐ breast milk	oz. IFIF/breast milkT. IFIC T. Fruit/Vegetable ()	oz. ☐ IFIF ☐ breast milk	oz. IFIF/breast milkT. IFIC T. Fruit/Vegetable ()	oz. IFIF breast milk	
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Meal Totals							

^{*} A maximum of two meals and one snack <u>OR</u> two snacks and one meal may be claimed per infant per day.



Date

Meal Totals

GREATER THAN THREE INFANT MEAL RECORD*

Infant Name: Birth Date: Age: Months Check with a wind part infant) Check with a wind part infant) Check with a wind part infant) Check with a wind part infant Check wind	8 months through 11 months					
Check: Great milk or iron-fortified infant formula (brand: center/ parent provided) Check or circle items served, and record amounts and specific fruit/veg and meat/meat alternate offered. Indicate parent provided items with a * next to item. **All foods must be offered to be considered a reimbursable meal/snack. Items listed under When developmentally ready to consume these foods. **All foods must be offered to be considered a reimbursable meal/snack. Items listed under When developmentally ready to consume these foods. ***All foods must be offered to be considered a reimbursable meal/snack. Items listed under When developmentally ready to consume these foods. ***When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement. **Breakfast AM Snack Lunch PM Snack Supper Add Snack or son-fortified infant formula infant formula infant formula infant formula infant formula infant formula infant cereal (FiFi) or 100% and the province of the past milk or inco-fortified infant formula infant cereal (FiFi) or 100% and the province of the past milk or inco-fortified infant formula infant cereal (FiFi) or 100% and the province of the past milk or inco-fortified infant cereal (FiFi) or 100% and the province of the past of the past milk or inco-fortified infant cereal (FiFi) or 100% and the province of the past milk or inco-fortified infant cereal (FiFi) or 100% and the province of the past of the past milk or inco-fortified infant cereal (FiFi) or 100% and infant cereal (FiFi) or 100% a			Birth Date:		Age: Months	
Check or circle items served, and record amounts and specific fruit/veg and meat/meat alternate offered. **All foods must be offered to be considered a reimbursable meal/snack. Items listed under 'When developmentally ready' must be offered once the infant is developmentally ready' must be offered once the infant is developmentally ready to consume these foods. ***When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement. **Breakfast	(Use one sheet per infant)				(0)	
All foods must be offered to be considered a reimbursable meal/snack. Items listed under 'When developmentally ready' must be offered once the infant is developmentally ready to consume these foods. *When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement. **Breakfast MS Supper	Check: ☐Breast mil	k <i>or</i> ⊡iron-fort	ified infant formula (bran	d:		ovided)
All foods must be offered to be considered a reimbursable meal/snack. Items listed under 'When developmentally ready' must be offered once the infant is developmentally ready to consume these foods. *When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement. **Breakfast MS Supper	Check or circle items	s served, and re	cord amounts and speci	fic fruit/veg and	l meat/meat alternate of	fered.
***All foods must be offered to be considered a reimbursable meal/snack. Items listed under When developmentally ready must be offered once the infant is developmentally ready to consume these foods. ***When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement. Breakfast AM Snack Lunch PM Snack 6 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) or 100% infant tormula (IFIF) or 100% infan						
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Breakfast						
Breakfast	***When two or more	components are	required to be served, the	center must sup	plv a minimum of one	
8 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) meast milk or iron-fortified infant formula (IFIF) meast milk or iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity polity, egg polity, each god or 2 - 4 Tibsp. iron-fortified infant formula (IFIF) or 100% full strength fruit juice polity polit					p., a	
breast milk or iron-fortified infant formula (iFiF) or 100% (iFi	Breakfast	AM Snack	Lunch	PM Snack	Supper	Add Snack
	6 - 8 fluid oz	2 - 4 fluid oz	6 - 8 fluid oz breast milk or	2 - 4 fluid oz		2 - 4 fluid oz
2 - 4 Tbsp. iron-fortified infant cereal (IFIC) and / or 1 - 4 Tbsp. fruit/vegetable developmentally ready developmental			(IFIF)		(IFIF)	
2 - 4 Tbsp. front-fortified final receral (IFIC) and / or final receral final receral (IFIC) and / or final receral final receral (IFIC) and / or final receral final	Torriula (IFIF)		2 - 4 Then iron-fortified infant		2 - 4 Then iron-fortified	
Infant cereal (IFIC) Julice 1 - 4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or dry peas, or % - 2 oz cheese, or 1 - 4 oz cottage cheese or 0 - 1/2 slice bread or 0 - 2 crackers 1 - 4 Tbsp. fruit/vegetable 1 - 4 Tbsp. fruit/v	2 - 4 Tbsp. iron-fortified					
1-4 Tbsp. fruit/vegetable Search or dry peas, or developmentally (seady or 0-12 slice bread bread or 0-12 slice bread or 0						
	. ,		poultry, egg yolk, cooked dry			
	1 - 4 Tbsp. fruit/vegetable				beans or dry peas, or	
O-1/2 slice bread or 0-2 crackers						
Oz. FIF/breast milk			0			
Oz. FIF/breast milk		or 0-2 crackers	oneede reed	or 0-2 crackers	cheddo fodd	or 0-2 crackers
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	()	fruit juice	1.1 Tully vegetable)	fruit juice	()	fruit juice

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